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QUALITY OF CARE AND OUTCOMES ASSESSMENT

GOVERNMENT-SPONSORED HEALTH INSURANCE AND LACK OF INSURANCE ARE ASSOCIATED WITH ADVERSE CARDIAC EVENTS

ACC Poster Contributions

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Background: Lack of health insurance is associated with increased morbidity and mortality, although the effect of different types of insurance is unclear. We examined the impact of insurance type on cardiac outcomes in patients after percutaneous coronary intervention (PCI).

Methods: We compared 13573 patients with four types of primary insurance: private, Medicare, Medicaid, and uninsured. We followed patients for 1 year for major adverse cardiac events (MACE), including death, Q-wave myocardial infarction, stent thrombosis and target vessel revascularization. We performed multivariable Cox regression to adjust for confounders.

Results: 49.0% of patients had private insurance, 45.3% Medicare, 3.6% Medicaid, and 2.1% no insurance. Medicaid patients were more likely to be African American (66.7%), whereas uninsured patients were more likely Caucasian (52.5%). Compared to private insurance, patients with no insurance or Medicaid were more likely to present acutely (46.5% and 34.4% vs. 18.7%, $p<0.001$). Unadjusted 1-year MACE was highest with Medicaid and lowest with private insurance. (Figure) After adjustment for confounders, Medicaid (HR 1.51, 95% CI 1.04-2.20), Medicare (HR 1.37, 95% CI 1.12-1.68), and no insurance (1.94, 95% CI 1.13-3.34) had higher rates of MACE compared to private insurance.

Conclusion: Patients without health insurance have outcomes similar to patients with public insurance following PCI. Provision of insurance alone may not have a dramatic effect on cardiac outcomes.

